

Grant County Juvenile Pilot Program Attorney Documentation Form

Report Date: Month/Year:	Attorney:	Date Assigned:
Case Name		Case Number
Race/ Ethnicity	Interpreter Needed?	Gender:
<input type="checkbox"/> Investigator utilized	<u>Case Type/File Date/ Charge:</u>	<input type="checkbox"/> Misdemeanor Date: Charge
<input type="checkbox"/> Social Worker utilized	<input type="checkbox"/> Felony Date: Charge	<input type="checkbox"/> Modification Date:

Hearings

Type of Hearing	Date	Purpose	Results:

Time Spent

1) _____	meeting with client in office	7) _____	case preparation and analysis
2) _____	meeting with client at jail	8) _____	drafting documents
3) _____	meeting with client-other	9) _____	case negotiation
4) _____	phone calls with client	10) _____	court time- waiting
5) _____	other client correspondence	11) _____	court time- on the record
6) _____	investigative time* (includes time spent obtaining documents, evidence and reviewing case with investigator.)	_____	TOTAL TIME

Final Disposition: Date _____

* Attach copy of order

Adjudication On Charge(s) of _____	Decline <input type="checkbox"/> Agreed retention <input type="checkbox"/> Retained by court <input type="checkbox"/> Declined after hearing	Modification <input type="checkbox"/> Allegations admitted <input type="checkbox"/> Allegations found by court <input type="checkbox"/> Allegations not found
Disposition	Capacity <input type="checkbox"/> Agreed to jurisdiction <input type="checkbox"/> Dismissal <input type="checkbox"/> Finding of Capacity	
Local Sanctions of : _____ Days of Detention _____ Hours of Community Service _____ Months of Community Service	JRA Commitment	Restitution \$ _____ To Whom: _____ VAP \$ _____ Other Legal Financial Obligations \$ _____

Other Administrative Dispositions:

Additional Comments:

Declaration of Attorney/Paralegal/Investigator

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

_____	_____	_____
Signature	Place	Date